



## Guidance document for processing PM-JAY packages

### Thoracotomy, Thoracoabdominal Approach

Procedure covered: 1

Specialty: CTVS, Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price (INR)
Thoracotomy, Thoraco Abdominal Approach	Thoracotomy, Thoraco Abdominal Approach	S1300060	SV022A	30,000/-

**ALOS:** 7-10 Days

#### Minimum qualification of the treating doctor:

**Essential:** MS/DNB/Equivalent (in General Surgery), MCh/DNB/Equivalent (in CTVS, Pediatric Surgery)

**Special empanelment criteria/linkage to empanelment module:** Care at a Tertiary hospital

#### Disclaimer:

For monitoring and administering the claim management process of **Thoracotomy, Thoraco Abdominal Approach**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

### **PART I: GUIDELINES FOR CLINICIANS AND HEALTHCARE PROVIDERS**

#### **1.1 Objective:**

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

#### **1.2 Clinical key pointers:**

The thoracoabdominal incision provides wide exposure of the lower thorax, the upper abdomen, and the retroperitoneal space.

#### **Indications**

- It offers excellent exposure for:

- Thoracoabdominal aneurysms,
- Cancer of the esophagogastric junction
- Pathology of the lower thoracic and upper lumbar spine
- Other indications include
  - Any procedure on lung, thoracic esophagus, aorta
  - Thoracic sympathectomy
  - Diaphragmatic hernia/plication
  - Mediastinal tumors

### 1.3 Mandatory documents- For healthcare providers

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Thoracotomy, Thoraco Abdominal Approach
<b>i. At the time of Pre-authorization</b>	
Clinical notes with evaluation findings, indication of procedure, and planned line of management	Yes
<b>Based on Etiology</b> CT Chest/Abdomen	Yes
<b>ii. At the time of claim submission</b>	
Detailed Indoor case papers (ICPs) with treatment details	Yes
Detailed Procedure / operative notes	Yes
Intra-operative Photographs (optional)	Yes
Histopathological examination (optional)	Yes
Postoperative Chest/Abdomen X-ray	Yes
USG Chest/Abdomen	Yes
CT scan (optional)	Yes
Detailed discharge summary	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

**2.1 Objective:** To provide guidance to the pre-authorization and claims processing team in ascertaining the medical necessity of procedure carried out vis a vis the patient's medical condition as evidenced by supporting documents/investigation reports etc, in deciding the admissibility and quantum of claim and compliance with mandatory documents by the hospital.

**2.2 Following mandatory documents to be diligently reviewed by the pre-auth / claims processing personnel:**

**2.2.1 At the time of pre-authorization processing- For pre-authorization processing doctor (PPD):**

- a. Clinical notes - detailed history, signs & symptoms, evaluation findings, planned line of treatment, indication for procedure?
- b. Did CT/MRI Chest/Abdomen confirm the diagnosis?

**2.2.2 At the time of claim processing- For claims processing doctor (CPD):**

- a. Are the detailed ICPs with daily vitals and treatment details provided?
- b. Are the detailed procedure / Operative Notes available?
- c. Was intra-operative photograph submitted (optional)?
- d. Was post-operative Xray/USG report submitted?
- e. Is the Discharge summary with follow-up advice at the time of discharge submitted?

### **PART III: GUIDELINES FOR IT**

**3.1 Objective:** To enable setting up of cross check mechanisms / rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups (PPD):**

- I. Was the evaluation findings and imaging indicative of surgery? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

### **References**

1. <https://emedicine.medscape.com/article/1972596-technique#c6>